

**2003 - APPLICATION FOR ELDERLY AND PERSONS WITH DISABILITIES PROGRAM
SECTION 5310 - CAPITAL ASSISTANCE GRANT
CHAPTER 53, TITLE 49, U.S. CODE**

APPLICANTS ARE ENCOURAGED TO ATTEND THE APPLICATION TRAINING SESSION SCHEDULED FOR MONDAY, 2:30 PM - 3:45 PM, SEPTEMBER 30, 2002 DURING THE LOUISIANA PUBLIC TRANSPORTATION CONFERENCE - (see pg. ii in the application procedures manual for more details).

The instructions for this application are contained in the Elderly & Disabled Program Application Procedures Manual. **PLEASE DO NOT COMPLETE THIS APPLICATION UNTIL YOU HAVE COMPLETELY READ AND FOLLOWED THE INSTRUCTIONS IN THE PROCEDURES MANUAL.** All pages must be completed and all items are required unless otherwise noted. The completed application must be received in the Public Transportation office no later than 4:15 PM, Monday, February 3, 2003 (completed applications may be submitted any time prior to 2/3/2003). **FAX Copies will NOT be accepted. Incomplete applications will NOT be considered for funding.**

As each item is completed, **mark (/)** in the appropriate blank below. This check off sheet (page 1) is a part of the application and **must** be completed.

#	CHECKLIST ITEMS	PAGE #	/
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7.	Signature Page and Project Assurances	13-15	
8.	Appendix A - Other Required Documentation	16	
	Certified copies of public notices [two (2) required]		
	Copies of all responses received		
	Copies of Interagency Service Agreements		
9.	Appendix B - Other Required Documentation	17	
	Authorizing Resolution		
	Certificate of Good Standing		
	<u>New Applicants Only</u> : In addition to the above, Articles of Incorporation, Certificate of Incorporation, By-Laws, Narrative, Audit.		
	<u>Public Bodies Only</u> : Creation documents, Louisiana Revised Statute, etc., certification as to no nonprofit organization available to provide service.		

2003 APPLICATION FOR ELDERLY AND DISABLED SECTION 5310 CAPITAL ASSISTANCE GRANT

I. GENERAL AGENCY INFORMATION

LEGAL NAME OF APPLICANT _____

FEDERAL ID NUMBER _____

P.O. BOX & STREET ADDRESS _____

CITY _____

STATE/ZIP CODE _____

CONTACT PERSON, TITLE _____

(E-MAIL ADDRESS) _____

()
PHONE NUMBER _____

FAX NUMBER _____

AGENCY CEO NAME & TITLE (if different from contact person) _____

DATE OF APPLICATION _____

BRIEF DESCRIPTION CURRENT TRANSPORTATION SERVICE(S) PROVIDED BY APPLICANT					
NAMES OF GEOGRAPHICAL AREAS CURRENTLY SERVED (CITIES, TOWNS, PARISHES)					
HAS THE APPLICANT RECEIVED APPROVAL FOR FEDERAL ASSISTANCE UNDER THIS PROGRAM PRIOR TO THIS APPLICATION? G YES G NO					
Formula: elderly ÷ total population of service area = % served disabled ÷ total population of service area = % served				# OF PEOPLE	% OF PEOPLE
					100%
TOTAL POPULATION OF SERVICE AREA					
ESTIMATED ELDERLY* POPULATION OF SERVICE AREA					%
ESTIMATED DISABLED* POPULATION OF SERVICE AREA					%
AVERAGE # OF ELDERLY* <u>UNITS OF SERVICE</u> CURRENTLY PROVIDED BY AGENCY PER <u>DAY</u>					
AVERAGE # OF DISABLED* <u>UNITS OF SERVICE</u> CURRENTLY PROVIDED BY AGENCY PER <u>DAY</u>					
AVERAGE # OF OTHER** <u>UNITS OF SERVICE</u> CURRENTLY PROVIDED BY AGENCY PER <u>DAY</u>					
TOTAL					
AVERAGE NUMBER OF ELDERLY* PASSENGERS CURRENTLY SERVED PER <u>DAY</u>					
AVERAGE NUMBER OF DISABLED* PASSENGERS CURRENTLY SERVED PER <u>DAY</u>					
AVERAGE NUMBER OF OTHER** PASSENGERS CURRENTLY SERVED PER <u>DAY</u>					
DO NOT DUPLICATE THE ABOVE AVERAGES TOTAL					
AVERAGE NUMBER OF UNDUPLICATED PASSENGERS OF EACH RACE CURRENTLY SERVED PER <u>DAY</u>					
CAUCASIAN	#	NATIVE AMERICAN	#	AFRICAN AMERICAN	#
HISPANIC	#	ASIAN	#	OTHER:	#

* If an individual is both elderly and disabled, consider as elderly.

** Other includes general public, Project Independence, Medicaid, etc.

NOTE: UNITS OF SERVICE ARE CALCULATED BY THE NUMBER OF TIMES A PASSENGER GETS OFF THE VEHICLE. IF PASSENGER IS TAKEN TO DOCTOR, THEN SHOPPING, THEN HOME, A TOTAL OF THREE UNITS OF SERVICE HAS BEEN PROVIDED.

II. EXISTING TRANSPORTATION SERVICES

A. Description of applicant's current service. (*Attach additional pages if needed and indicate as Page 3A, 3B, 3C, etc.*)

ORIGINATION/DESTINATION	DAY OF WEEK	HOUR OF DAY	TYPE OF SERVICE (fixed or demand response)	ROUND TRIPS PER DAY	VEHICLES PER ROUTE

B. Annual passenger trips _____.

C. Annual miles of operation _____.

D. Do you close for more than two weeks - other than standard holidays? **G** Yes **G** No If yes, when _____

E. Description of fare policy: (*Attach copy of fare schedule or indicate N/A if you do not have a fare policy.*)

[illegible]

****Note:** E - Excellent; G - Good; F- Fair; P - Poor

II. EXISTING TRANSPORTATION SERVICES (Continued)

- G. Listing of all Other Transportation Providers (private and public) in geographical areas served by applicant (JUST A REMINDER: AN AGENCY MUST HAVE VEHICLES TO BE CONSIDERED A PROVIDER): See Procedures Manual pages. 5-6. (*Attach additional sheets as needed.* Please contact agency(s) for updated information.)

NAME & ADDRESS OF COMPANY	CONTACT PERSON	SERVICE AREA	NUMBER OF VEHICLES	TYPE SERVICE (DEMAND RESPONSE OR FIXED ROUTE)	HANDICAP-ACCESSIBLE YES / NO

- H. DOTD encourages co-ordination of services between transportation providers to the maximum extent possible. Are any of the above listed transportation providers participating in your agency's delivery of transportation services to the elderly and disabled? **If yes, explain level of participation, if no, explain why you do not participate. N/A IS NOT AN ACCEPTABLE RESPONSE.**

II PROJECT DESCRIPTION/JUSTIFICATION

Please Note: ALL INFORMATION IN THIS SECTION PERTAINS TO THE PROJECT EQUIPMENT BEING REQUESTED.

A.	Are you a Section 5311 participant (Rural Public Transportation provider)?	9 YES	9 NO
	IF YES , are you also applying for a vehicle from that program this year?	9 YES	9 NO

B.	Please list and describe below the capital equipment being <u>requested</u> in this application in priority order; i.e., list what is most needed <u>first</u> . (If only one vehicle is needed - only request one.)			
		VEHICLE TYPE (SIZE: 6-S THRU 16-2B) (SIZE: 7-1M THRU 12-M)	SEATING CAPACITY	VEHICLE DESCRIPTION
	1.			
	2.			
	3.			

C.	INTENDED USE OF <u>REQUESTED</u> EQUIPMENT (CHECK ALL THAT APPLY.)		/
	Start <u>new service</u> in new service areas or new routes		
	<u>Expand</u> existing service in existing service area or existing routes		
	<u>Replace</u> existing equipment in current service area or routes (INDICATE VIN BELOW AND PROPOSED METHOD OF DISPOSITION.)		
		VEHICLE I.D. NO. (VIN)	DISPOSITION METHOD
	1.		
	2.		
	3.		
	If disposed vehicle(s) is to be placed in your private fleet, explain intended use:		

D.	Geographic Area to be served with <u>requested</u> equipment. (List towns, cities, and parishes)
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E.	Estimated number of elderly* passengers to be served by this project per <u>day</u> .	DO NOT DUPLICATE	
	Estimated number of disabled* passengers to be served by this project per <u>day</u> .	DO NOT DUPLICATE	
	Estimated number of other** passengers to be served by this project per <u>day</u> .	DO NOT DUPLICATE	
	TOTAL		

* If an individual is both elderly and disabled, indicate as elderly.
 ** Other includes general public, Project Independence, Headstart, etc.

III. PROJECT DESCRIPTION/JUSTIFICATION (Continued)

F.	Estimated Capital Budget				
	(FORMULA: ESTIMATED COST \times QUANTITY = LINE TOTAL)				
	VEHICLE TYPE (SIZE)		ESTIMATED VEHICLE COST	QUANTITY	LINE TOTAL
	1.				
	2.				
	3.				
	TOTAL EQUIPMENT ESTIMATE				
	FEDERAL GRANT REQUESTED (80% OF TOTAL PROJECT ESTIMATE)				
YOUR LOCAL MATCH (20% OF TOTAL PROJECT ESTIMATE)					

hh

SOURCES AND AMOUNTS OF NON-FEDERAL 20% LOCAL SHARE:

[illegible]

*** YOUR 20% MATCH MUST BE NON-FEDERAL MATCH MONEY**

III. PROJECT DESCRIPTION/JUSTIFICATION (Continued)

- G. Describe the service **to be provided** to the elderly and disabled by applicant with each **new** vehicle requested (as indicated on 6B & 7F) from this grant. (***Attach a separate sheet for each vehicle requested and number pages 8A, 8B, 8C, etc).***)

VEHICLE NUMBER: _____					
ORIGINATION/DESTINATION	DAY OF WEEK	HOUR OF DAY	TYPE OF SERVICE (fixed or demand response)	ROUND TRIPS PER DAY	VEHICLES PER ROUTE

- H. Proposed annual passenger trips planned _____.
- I. Annual miles of operation planned _____.
- J. Description of proposed fare policy: (Indicate N/A if not applicable **and/or** refer to page Pg. 3.E if already provided)
- K. If clients are disabled, describe nature of disability:

III. PROJECT DESCRIPTION/JUSTIFICATION (Continued)

- L. Describe the benefits that elderly and disabled users will receive from this project: (Very Important - See Procedures Manual Page 8)

[illegible]

- M. Explain in detail why your project is necessary and how it will overcome the inadequacies of the existing services (indicated on page 5.G) in your area. **This grant will not be approved unless you can demonstrate that the existing services in your geographic service area are insufficient, inappropriate or unavailable. Attach additional sheets if needed and number page 9A, 9B, 9C, etc.** (Very Important - See Procedure Manual Page 8)

IV. PROJECT NOTIFICATION/COORDINATION OF SERVICES

The process to be followed in notifying other transportation providers of your request for capital equipment is fully explained in your application procedures manual, beginning on Page 11. The materials to be submitted with this application are:

- A. Attach as Appendix A (page 16) to your application the following:
1. Certified copies of public notices . **(TWO COPIES ARE MANDATORY)**
 2. Copies of interagency transportation agreements and or contract agreements.

[illegible]

- B. If applicable, describe any public and/or private sector proposal objections received and explain how they were reviewed and/or resolved. ***Attach any responses as Appendix A on page 16.*** (Refer to Pages 11-12 of the application procedures manual for complete instructions on handling proposals and objections.) If N/A please indicate here.

[illegible]

- C. Describe the plan adopted by your agency to periodically review other existing transportation services as described on page 5.G to determine whether the transit service can be provided more efficiently by the private sector. (Very Important - See Procedures Manual Page 12)
- (N/A IS NOT ACCEPTABLE).

[illegible]

- D. Describe in **detail** your efforts to coordinate your transportation services with other transit providers as described on page 5.G in your area. (Very Important - See Procedures Manual Page 12)
- (N/A IS NOT ACCEPTABLE).

- E. COORDINATED SYSTEMS: (Very Important - See Procedures Manual Pages 13-15)**

Please check one of the applicable blanks:		/
a.	If you are located in a Parish that has a Rural Public Transit System (Ascension, Assumption, Avoyelles, Bienville, Caldwell, Calcasieu, Cameron, Claiborne, Desoto, Evangeline, Iberia, Jefferson Davis, Lincoln, Livingston, Madison, Natchitoches, Ouachita, Pointe Coupee, Red River, St. James, St. Landry, St. Martin, Tangipahoa, Terrebonne, Vermilion, Vernon, Washington or Webster) you must notify the Designated Coordinated System in your parish of your intent to apply for capital equipment for comments. Please refer to Pages 13 - 15 of the application manual for further information.	
b.	This agency is not in Parish with a Rural Public Transit System.	

V. FISCAL AND MANAGERIAL CAPABILITIES**A. Annual Transportation Operating Budget**

Complete Column 1 by using **actual transportation data** from the most recently completed fiscal year. Complete Column 2 by using current data for the current fiscal year you are now in. Complete column 3 by using estimated data for your next fiscal year which will include the equipment requested in this application. (See page 16 of the application procedures manual)

MOST RECENT COMPLETED FYE: From: _____ To: _____

	FYE 06/30/2002	FYE 06/30/2003	FYE 06/30/2004
1. EXPENSES (TRANSPORTATION ONLY)	COLUMN ONE ACTUAL PRIOR YEAR	COLUMN TWO CURRENT YEAR	COLUMN THREE ESTIMATED BUDGET
Salaries (including federal/state taxes, FICA, Worker's Compensation, etc)			
Maintenance (Parts & Labor)			
Fuel, Oil, and Tires			
Materials and Supplies			
Insurance-Transportation related only			
Overhead (Rent, Utilities, Etc.)			
Miscellaneous			
Capital Equipment Purchases *(indicate 20% match portion for new equipment in column 3 <u>only</u>)			*
TOTAL			

2. INCOME REVENUES (TRANSP. ONLY)	COLUMN ONE ACTUAL PRIOR YEAR	COLUMN TWO CURRENT YEAR	COLUMN THREE ESTIMATED BUDGET
List all sources (Fares, Grants, Donations, Etc.) and amounts			
*(indicate 20% match portion for new equipment in column 3 <u>only</u>)			*
TOTAL			

NOTE: YOUR INCOME/REVENUES MUST EQUAL OR EXCEED YOUR EXPENSES, OTHERWISE YOU ARE OPERATING IN A DEFICIT. (See Pages 16 in the Procedures Manual)

V. FISCAL AND MANAGERIAL CAPABILITIES (Continued)

B.	Management		
	1.	Fund Availability: Indicate the reliability of funds required to operate your existing and proposed <u>new</u> vehicle(s) over the next five years: PLEASE /	
	a.	a certainty because of the stability of the income source.	
	b.	reasonably secure but because several of the sources are subject to variation, the operational expenses are not guaranteed.	
	c.	fairly uncertain because all funding sources are not reliable or guaranteed.	
	2.	Experience: Indicate years experience in operating a transportation system for the elderly and disabled. PLEASE /	
	a.	no experience	
	b.	less than 1 year of experience	
	c.	between 1-5 years of experience	
	d.	more than 5 years of experience	
	3.	Maintenance Program: Which of the following best describes your maintenance program? PLEASE /	
	a.	a documented preventative maintenance program is being utilized.	
	b.	an individual is assigned responsibility for insuring that each vehicle is properly maintained.	
	c.	drivers have primary responsibility for overseeing the maintenance of their vehicle(s).	
	d.	none of the above; we do the following:*	
	4.	Driver Selection: When selecting drivers does your agency ...? PLEASE /	
	a.	check driving records?	
	b.	require a physical examination?	
	c.	other; specify:*	
	5.	Safety Standards and Training: Indicate which of the following training courses were offered to your employees during the past year. PLEASE /	
	a.	CPR	
	b.	An approved Red Cross First Aid Class?	
	c.	Driver Training?	
	d.	PAT (Passenger Assistance Techniques) and/or PASS (Passenger Assistance, Safety, Sensitivity) Training	
	e.	Other; Specify:*	

VI. PLANNING

Please check one of the applicable blanks:		/
a.	If you are in an urbanized area (Alexandria, Baton Rouge, Houma, Lafayette, Lake Charles, Monroe, New Orleans, Slidell, Bossier or Shreveport), your request for this capital equipment must be approved by the Metropolitan Planning Organization(MPO)for that area and included in its Transportation Improvement Program (TIP). Please refer to Pages 17 & 18 of the procedures manual for further information and <u>attach to this page as Page 12A and 12B</u> a copy of your initial letter to the MPO along with the response letter from the MPO stating that this project, if funded will be included in the TIP.	
b.	This agency is not in an urbanized area.	

* If you require additional space - add a page and number it 12-A.

LADOTD AND FTA CERTIFICATIONS AND ASSURANCES

SIGNATURE PAGE

NAME OF APPLICANT: _____

NAME AND RELATIONSHIP OF AUTHORIZED REPRESENTATIVE:

NAME: _____ **(Please type)**

TITLE: _____ **(Please type)**

BY SIGNING BELOW I, _____ (name), on behalf of the _____ (applicant), declare that the APPLICANT has duly authorized me to make these certifications and assurances and bind the applicant's compliance. Thus, the APPLICANT agrees to comply with all state and federal statutes, regulations, executive orders, and administrative guidance required for each application it makes to the Louisiana Department of Transportation and Development (LA DOTD) and the Federal Transit Administration (FTA) in fiscal year 2002/2003.

LA DOTD and FTA intends that the certifications and assurances as follows and as indicated on pages 14 through 15 of this document, should apply, as required, to each project for which the applicant seeks now, or may later, seek FTA assistance during fiscal year 2002/2003.

- I. Nondiscrimination Assurance**
- II. Assurance of Nondiscrimination on the Basis of Disability**
- III. School Transportation Agreement Certification**
- IV. Certification of Equivalent Service**
- V. Private Sector Participation Certification**
- VI. Debarment Certification**

The APPLICANT affirms the truthfulness and accuracy of the certifications and assurances it has made in the statements submitted herein with this document and any other submission made to LA DOTD and FTA, and acknowledges that the provisions of the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801 et seq., as implemented by U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR part 31 apply to any certification, assurance, or submission made in connection with the Elderly and Persons with Disabilities Program, 49 U.S.C. 5310, and may apply to any other certification, assurance, or submission made in connection with any other program administered by LA DOTD or FTA.

In signing this document, I declare that the foregoing certifications and assurances, and any other statements made by me on behalf of the APPLICANT are true and correct.

(Authorized Representative Signature)

(Notary or Attorney Signature)

(Name of Applicant)

(Date of Notary or Attorney Signature)

(Date of Authorized Representative Signature)

FTA 2001-2002 PROJECT ASSURANCES AND CERTIFICATIONS

Carefully read the following project assurances and certifications indicated on pages 14 through 15. The authorized representative is required to make these assurances on behalf of the applicant by signing the signature page indicated on page 13.

CATEGORY I - NONDISCRIMINATION ASSURANCE

As required by 49 U.S.C. 5332, Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d, and U.S. DOT regulations, "Nondiscrimination in Federally-Assisted Programs of the Department of Transportation - Effectuation of Title VI of the Civil Rights Act," 49 CFR part 21 at 21.7, the applicant assures that it will comply with all requirements of 49 CFR part 21; FTA Circular 4702.1, "Title VI Program Guidelines for Federal Transit Administration Recipients", and other applicable directives, so that no person in the United States, on the basis of race, color, national origin, creed, sex or age will be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination in any program or activity (particularly in the level and quality of transportation services and transportation-related benefits) for which the applicant receives federal assistance awarded by the U.S. DOT or FTA as follows:

- (1) The applicant assures that each project will be conducted, property acquisitions will be undertaken, and project facilities will be operated in accordance with all applicable requirements of 49 U.S.C. 5332 and 49 CFR part 21, and understands that this assurance extends to its entire facility and to facilities operated in connection with the project.
- (2) The applicant assures that it will take appropriate action to ensure that any transferee receiving property financed with federal assistance derived from FTA will comply with the applicable requirement of 49 U.S.C. 5332 and 49 CFR part 21.
- (3) The applicant assures that it will promptly take the necessary actions to effectuate this assurance, including notifying the public that complaints of discrimination in the provision of transportation-related services or benefits may be filed with U.S. DOT or FTA. Upon request by the U.S. DOT or FTA, the applicant assures that it will submit the required information pertaining to its compliance with these requirements.
- (4) The applicant assures that it will make any changes in its 49 U.S.C. 5332, and Title VI implementing procedures as U.S. DOT or FTA may request.
- (5) As required by 49 CFR 21.7(a)(2), the applicant will include appropriate clauses in each third party contract or sub-agreement to impose the requirements of 49 CFR part 21 and 49 U.S.C. 5332, and include appropriate provisions imposing those requirements in deeds and instruments recording the transfer of real property, structures, improvements.

CATEGORY II - ASSURANCE OF NONDISCRIMINATION ON THE BASIS OF DISABILITY

As required by U.S. DOT regulations, "Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefitting from Federal Financial Assistance," at 49 CFR part 27, implementing the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990, as amended, the Applicant assures that, as a condition to the approval or extension of any Federal assistance awarded by FTA to construct any facility, obtain any rolling stock or other equipment, undertake studies, conduct research, or to participate in or obtain any benefit from any program administered by FTA, no otherwise qualified person with a disability shall be, solely by reason of that disability, excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in any program or activity receiving or benefitting from Federal assistance administered by the FTA or any entity within U.S. DOT. The applicant assures that project implementation and operations so assisted will comply with all applicable requirements of U.S. DOT regulations implementing the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990, as amended, at 49 CFR parts 27, 37, and 38, and any applicable regulations and directives issued by other federal departments or agencies.

CATEGORY III - SCHOOL TRANSPORTATION AGREEMENT

- A. As required by 49 U.S.C. 5323(f) and FTA regulations, "School Bus Operations," at 49 CFR 605.14, the applicant agrees that it and all its recipients will (1) engage in school transportation operations in competition with private school transportation operators only to the extent permitted by an exception provided by 49 U.S.C. 5323(f), and implementing regulations, and (2) comply with the requirements of 49 CFR part 605 before providing any school transportation using equipment or facilities acquired with federal assistance authorized by 49 U.S.C. chapter 53 or Title 23 U.S.C. awarded by FTA for transportation projects.

- B. The applicant understands that the requirement of 49 CFR part 605 will apply to any school transportation it provides, the definitions of 49 CFR part 605 apply to this school transportation agreement, and a violation of this agreement may require corrective measures and the imposition of penalties, including debarment from the receipt of further federal assistance for transportation.

CATEGORY IV - CERTIFICATION OF EQUIVALENT SERVICE

As required by U.S. DOT regulations, "Transportation Services for Individuals with Disabilities (ADA)," at 40 CFR 37.77(c), the applicant certifies that its demand responsive service offered to persons with disabilities, including persons who use wheelchairs, is equivalent to the level and quality of service offered to persons without disabilities. When viewed in its entirety, its service for persons with disabilities is provided in the most integrated setting feasible and is equivalent with respect to: (1) response time, (2) fares, (3) geographic service area, (4) hours and days of the service, (5) restrictions on trip purpose, (6) availability of information and reservation capability, and (7) constraints on capacity or service availability.

CATEGORY V - PRIVATE SECTOR PARTICIPATION CERTIFICATION

The applicant certifies that it has provided for the participation of "private mass transportation companies" to the "maximum extent feasible" as required by the Federal Transit Administration.

CATEGORY VI - DEBARMENT CERTIFICATION

The Applicant certifies to the best of its knowledge and belief, that it and its principals/subrecipients:

- 1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency;
- 2) Have not within a three-year period preceding this proposal been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- 3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
- 4) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

The applicant also certifies that if, later, it becomes aware of any information contradicting the statements of the above paragraphs, it will promptly provide that information to this Department.

Where the Applicant is unable to certify to any of the statements in this certification such participant shall attach an explanation to this proposal.

APPENDIX "A"

OTHER REQUIRED DOCUMENTATION

Please attach to this page the following:

(ALL DOCUMENTATION MUST BE ON 8 1/2" X 11" PAPER)

1. Certified copies of Public Notices (2 required). Should be submitted on newspaper's stationary, letterhead, etc.
2. Copies of all responses received (refer to question 10B).
3. Copies of interagency transportation agreements and or transportation contract agreements with other organizations.

APPENDIX "B"**OTHER REQUIRED DOCUMENTATION**

Please attach to this page the following:

(ALL DOCUMENTATION MUST BE ON 8 1/2" X 11" PAPER)

1. **All Applicants** must submit the **original** signed Authorizing Resolution. (YOU MUST USE PAGE 22 PROVIDED IN THE PROCEDURES MANUAL AND FILL IN THE BLANKS. **The DOTD Legal Section will not accept any other format.**
2. **ALL Private Non-Profit applicants** must submit a copy of the **"Certificate of Good Standing"**. See the sample provided in the Procedures Manual on page 21.
3. **NEW APPLICANTS ONLY:** Applicants who have not previously applied and/or received Section 5310 funding must provide the following, In addition to the above Authorizing Resolution and Certificate of Good Standing:
 - a. Submit copy of your entire Articles of Incorporation.
 - b. Submit copy of Certificate of Incorporation.
 - c. Submit a notarized statement as to private non-profit status or 501(c) exemption.
 - d. Submit a brief narrative describing your agency. Include your mission statement, goals, purpose, etc. (please limit to one page). If you have printed material, brochures etc. describing your organization please include.
 - e. Submit the most recent year's fiscal audit. **NOTE:** If your audit has not been completed, attach a letter of explanation or a copy of the CPA engagement letter with an approximate completion date to the application. Do not hold your application waiting on completion of the audit. You may submit audit at a later date or when completed.
4. **Public Body Applicants Only:** Submit documentation as to how you were created (such as Louisiana Revised Statutes, etc.) also attach applicable information requested on page 1 & 2 of the Procedures Manual under "Public Body Coordination of Service Criteria" and/or "Criteria Certifying No Nonprofit Organizations are readily available to provide the service."